

Name  
in  
Full

Virginia L. Adams

## CERTIFICATE OF DEATH

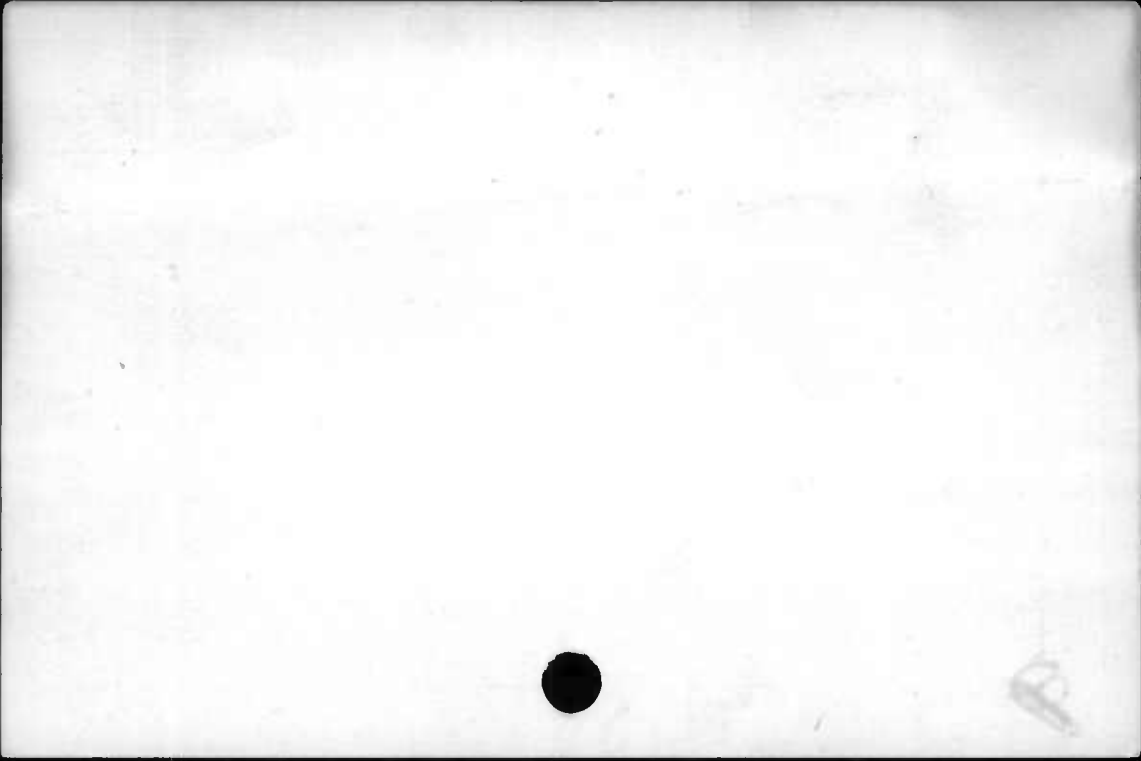
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pomfret</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>17</i>	Age <i>42</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Charles Co. Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at place of death.</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. Wm Adams</i>				
Father's Name <i>Benj. Delozier</i>			Father's Birthplace <i>Char Co. Md</i>		
Mother's Maiden Name <i>John Mitchell</i>			Mother's Birthplace <i>Kentucky</i>		
Name of person giving information <i>L. P. Adams</i>			How related to deceased <i>Brother in Law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Three Years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Mitchell</i>
	Address <i>Pomfret Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Lucy Duckett  
White PlainsCounty  
Chesles

Date

of death

1906

Month

Oct -

Day

7

Age

Years

28

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Ind

Occupation

Cook

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Single

Father's  
Name

Sandy Duckett

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Duckett

Mother's  
Birthplace

Ind

Name of person giving  
Information

Sandy Duckett

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Angiocarditis

How long

49 months

Immediate

Exhaustion

How long

Short while

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

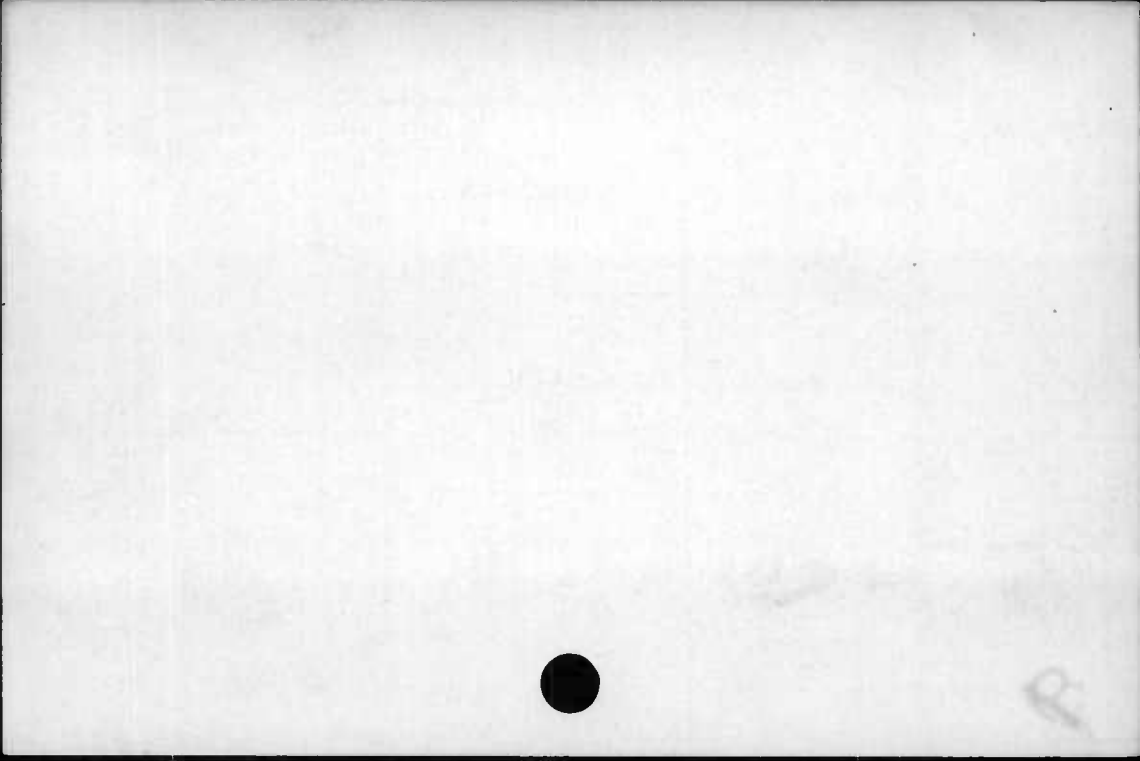
Address

J. O. Connor

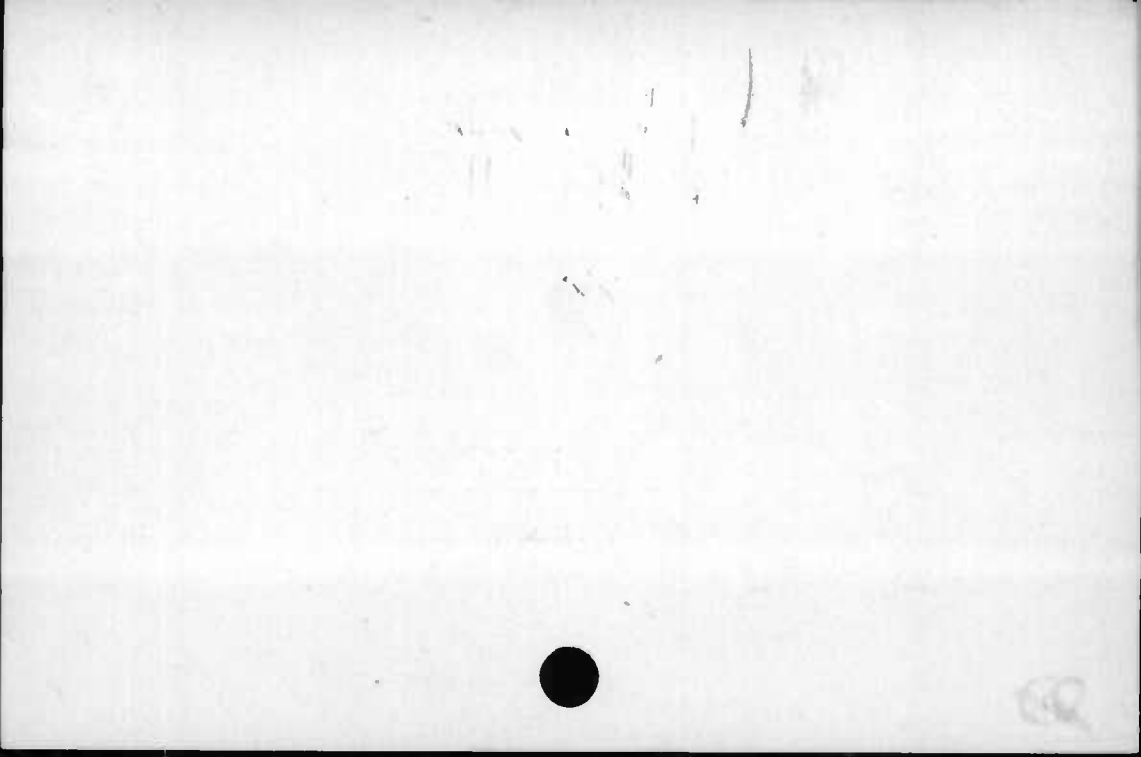
Ward

Ind

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near cross Roads</i>		County <i>Charles</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>20</i>	Age <i>1</i>	Months <i>11</i> Days
	Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>IND</i>	
	Occupation			Where Residing if not at place of death	
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name			Father's Birthplace	
	Mother's Maiden Name <i>Irene Gaines</i>			Mother's Birthplace <i>IND</i>	
PHYSICIAN OR CORONER	Name of person giving information <i>Rhomancler Gaines</i>			How related to deceased <i>Grand Father</i>	
	CAUSES OF DEATH				
	Primary <i>accident from a rolling Log</i>			How long <i>166</i>	
	Immediate			How long	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>James M. Wheeler</i>	
				Address <i>Sub Registrar</i>	
	Accident <del>or</del> Suicide? <i>marked</i>				



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Pimmet</i>		County <i>Charles</i>		
		Town		Maryland		
		Date of death <i>1906</i>	Month <i>10</i>	Day <i>11</i>	Age <i>about 85</i>	Years
		Sex <i>Female</i>		Color or Race <i>Colored</i>	Birth-place <i>Baltimore Md</i>	Months
Occupation <i>None</i>		Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Charles Jones</i>				
Father's Name <i>Don't know</i>		Father's Birthplace				
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace				
Name of person giving information <i>John Diggs</i>		How related to deceased <i>None</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Old age</i>		How long		
		Immediate <i>Gastric Trouble</i>		How long		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Diggs M.D.</i>		
				Address <i>Port Tobacco Md</i>		
Accident or Suicide?						





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James H. Montgomery*

Town

County

MARYLAND

Died at *Pyramont*

*Charles*

Date of death *1906*

Month

*Oct-*

Day

*5-*

Age

Years

*60*

Months

Days

Sex

*male*

Color or  
Race

*white*

Birth-  
place

*ind.*

Occupation

*Framer*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*married*

Name of Wife or  
Husband

*Anna Montgomery*

Father's  
Name

*James H. Montgomery*

Father's  
Birthplace

*ind*

Mother's  
Maiden Name

*Mary Perry*

Mother's  
Birthplace

*ind*

Name of person giving  
In formation

*J. W. Montgomery*

How related  
to deceased

*brother*

CAUSES OF DEATH

Primary

*Phthisis Pulmonalis*

How long

*3 years*

Immediate

*exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

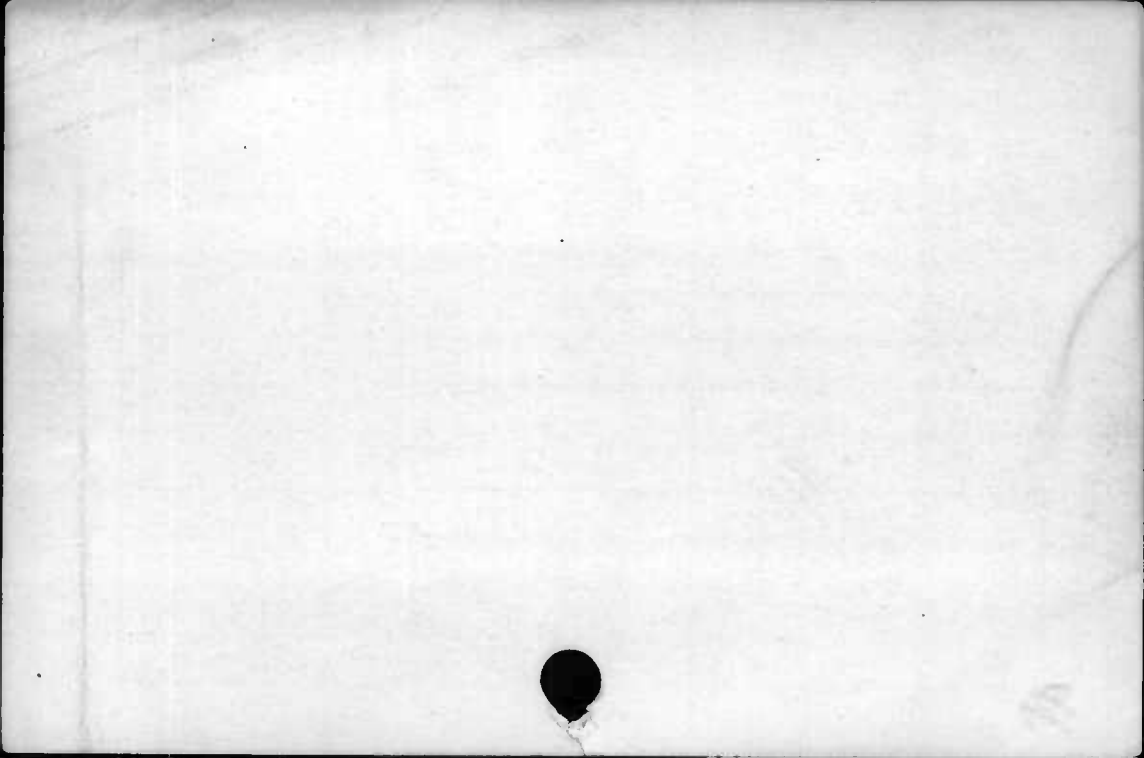
Signature of  
Physician

*F. B. Barnes*

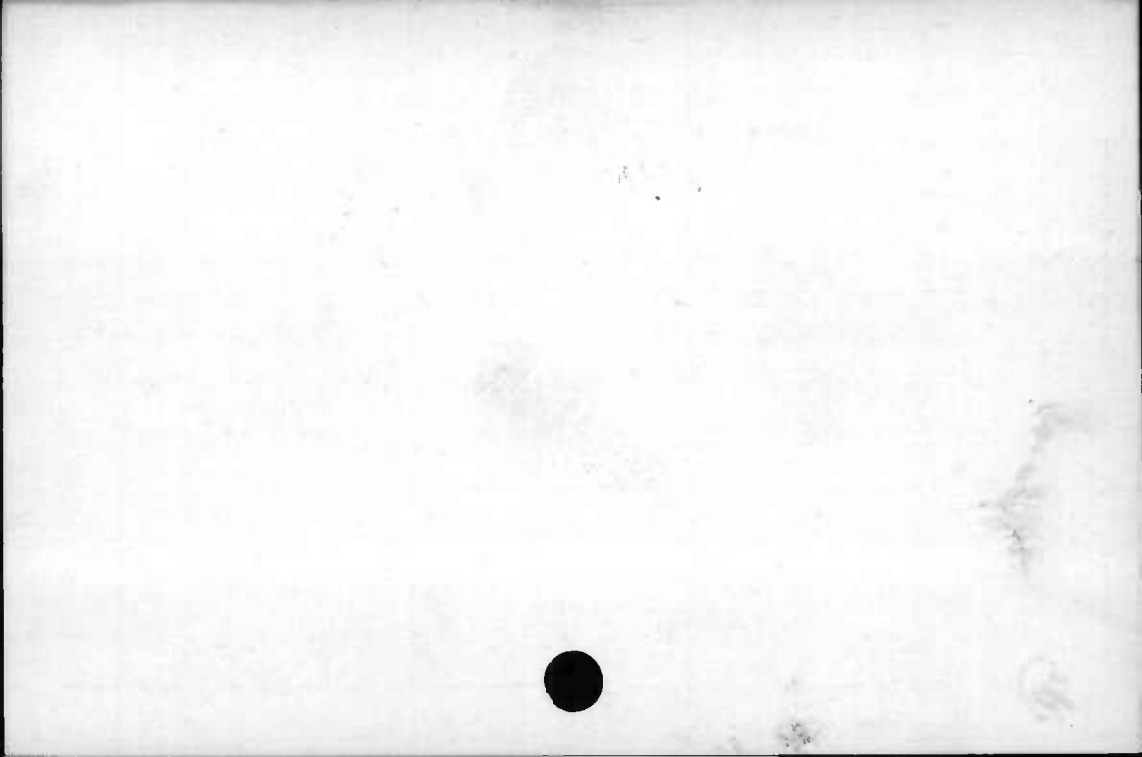
Address

*Pyramont*

Accident or Suicide?



Name in Full		Mildred Patterson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bronxides</i>		County <i>Charles</i>		MARYLAND		
	Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>26</i>	Age <i>1</i>	Months <i>10</i>	Days <i>—</i>	
	Sex <i>Female</i>	Color or Race <i>white</i>			Birth-place <i>Washington, D.C.</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Charles Patterson</i>			Father's Birthplace <i>Washington D.C.</i>			
	Mother's Maiden Name <i>Maud Miller</i>			Mother's Birthplace <i>Maryland</i>			
PHYSICIAN OR CORONER	Name of person giving information <i>Mary Miller</i>			How related to deceased <i>Aunt</i>			
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Capillary Bronchitis</i>			<b>(90)</b>	How long <i>1 week</i>		
	Immediate <i>Pulmonary Edema</i>				How long <i>12 hours</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Geo. C. Bicknell</i>			
				Address <i>Pinegate Md.</i>			
Accident or Suicide?							



Name  
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Full

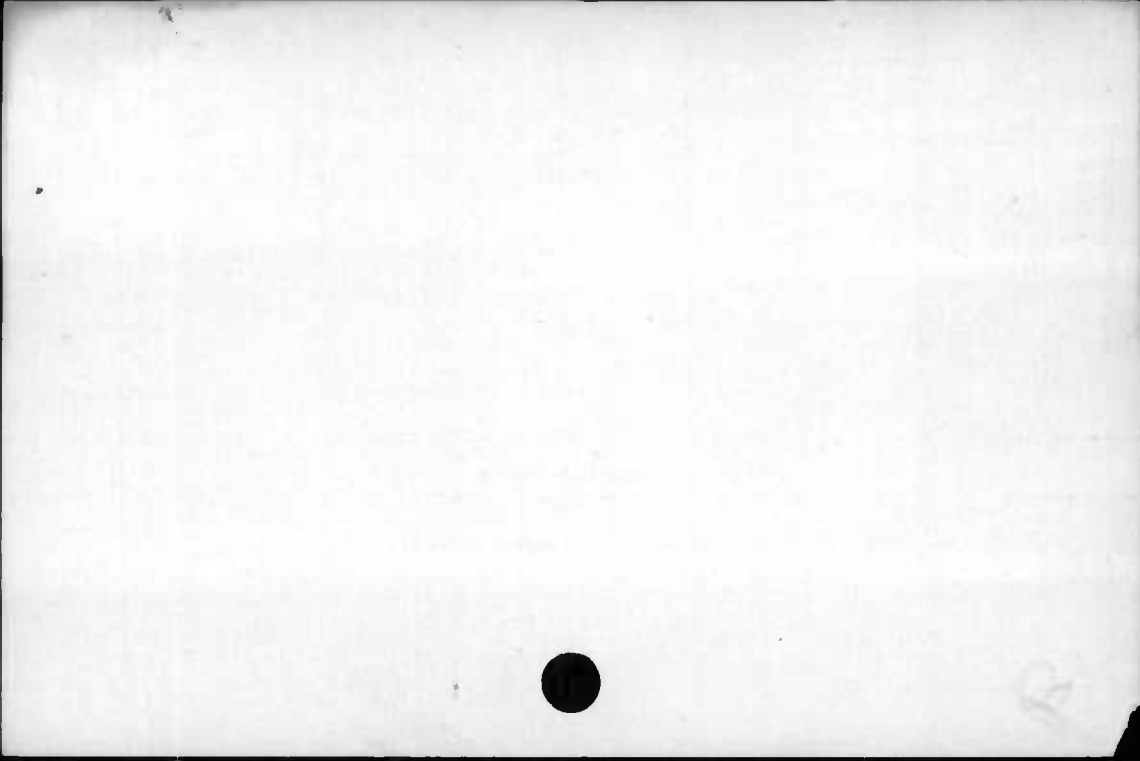
Lolie Elizeluth Prior

## CERTIFICATE OF DEATH

Died at <i>near</i> <sup>Town</sup> <i>cross Roads</i> <sup>County</sup> <i>Charles</i>		MARYLAND									
Date of death	190 <i>6</i>	Month	<i>Oct</i>	Day	<i>24</i>	Years		Months	<i>2</i>	Days	
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Ind</i>				
Occupation						Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband								
Father's Name	<i>Horice Prior</i>						Father's Birthplace	<i>Ind</i>			
Mother's Maiden Name	<i>Robert</i>						Mother's Birthplace	<i>Ind</i>			
Name of person giving information							How related to deceased				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Whooping cough</i>	How long	<i>1 week</i>
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
	Accident or Suicide?			
		Signature of Physician	<i>James M. Wheeler</i>	
		Address	<i>Sub Registrar</i>	



Name  
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Arthur Stewart

## CERTIFICATE OF DEATH

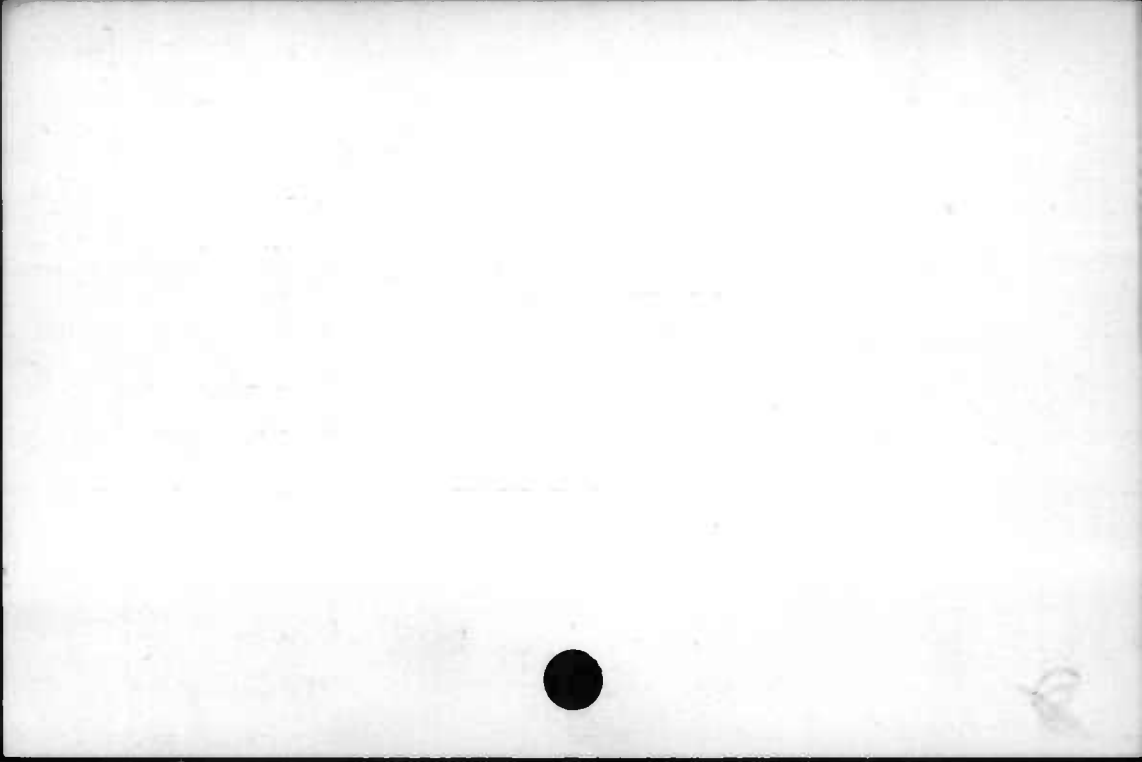
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near La Plata <sup>County</sup> CharlesDate of death 1906 <sup>Month</sup> Oct <sup>Day</sup> 27 <sup>Years</sup> Age 21 <sup>Months</sup> — <sup>Days</sup> —Sex male <sup>Color or Race</sup> colored <sup>Birth-place</sup> Charles tw<sup>Occupation</sup> Farming <sup>Where Residing if not at place of death</sup> —<sup>Married, Single or Widowed</sup> Single <sup>Name of Wife or Husband</sup> —<sup>Father's Name</sup> Fredrick Stewart <sup>Father's Birthplace</sup> Charles tw<sup>Mother's Maiden Name</sup> Eliza Thompson <sup>Mother's Birthplace</sup> Charles tw<sup>Name of person giving information</sup> Wm. Watts <sup>How related to deceased</sup> Step father

## CAUSES OF DEATH

<sup>Primary</sup> Tuberculosis <sup>How long</sup> about 1 year<sup>Immediate</sup> <sup>How long</sup><sup>Are the name, age, sex, color, date and place correctly given above?</sup> yes <sup>Signature of Physician</sup> Thos. S. Owen, M.D.<sup>Address</sup> La Plata<sup>Accident or Suicide?</sup> — <sup>Ind</sup>PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cobb Neck* *Char* CountyDate of death 1906 Month *Octo* Day *16* Age *4* Months *4* DaysSex *Female* Color or Race *Colord* Birth-place *Cobb Neck*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Wm. Williams* Father's Birthplace *Unknown*Mother's Maiden Name *Josephine Williams* Mother's Birthplace *Cobb Neck, Md*Name of person giving information *Wm Williams* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Dysentery* How long *3 day*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

